

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4						
5		3				
6	1					
7		2				
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49						
50						

TOTAL IND.
TOTAL
DEP.
TOTAL

3
2
1
9

TOTAL IND.
TOTAL
DEP.
TOTAL

1
1
1